Canadian Institutes of Health Research | Instituts de recherche en santé du Canada

Canadian Institutes of Health Research

2016–17

Report on Plans and Priorities

The Honourable Jane Philpott, P.C., M.P.
Minister of Health

Canada

The Canadian Institutes of Health Research (CIHR) is the Government of Canada's health research investment agency. CIHR's mission is to create new scientific knowledge and to enable its translation into improved health, more effective health services and products, and a strengthened health care system for Canadians. Composed of 13 Institutes, CIHR provides leadership and support to thousands of health researchers and trainees across Canada.

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Table of Contents

Minister's Message 1

Section I: Organizational Expenditure Overview 2

- Organizational Context 3
- Organizational Priorities 5
- Risk Analysis 9
- Planned Expenditures 11
- Alignment of Spending With the Whole-of-Government Framework 13
- Departmental Spending Trend 14
- Estimates by Vote 14

Section II: Analysis of Program(s) by Strategic Outcome 15

- Strategic Outcome: Canada is a world leader in the creation, dissemination and application of health research knowledge 15
- Program 1.1: Investigator-Initiated Health Research 16
  - Sub-Program 1.1.1: Operating Support 17
  - Sub-Program 1.1.2: Training and Career Support 19
- Program 1.2: Priority-Driven Health Research 21
  - Sub-Program 1.2.1: Institute-Driven Initiatives 22
  - Sub-Program 1.2.2: Horizontal Health Research Initiatives 24
- Internal Services 27

Section III: Supplementary Information 33

- Future-Oriented Condensed Statement of Operations 33
- Supplementary Information Tables 34
- Tax Expenditures and Evaluations 35

Section IV: Organizational Contact Information 37

Appendix: Definitions 39

Endnotes 43

Minister's Message

This 2016-17 Report on Plans and Priorities of the Canadian Institutes of Health Research (CIHR) provides information on how the department will support the Government on achieving our agenda in the coming year and I am fully confident that CIHR is prepared to successfully support me and work with our partners inside and outside government to deliver for Canadians. However, given our commitment to more effective reporting, this year's report will be the final submission using the existing reporting framework.

The Prime Minister and the President of the Treasury Board are working to develop new, simplified and more effective reporting processes that will better allow Parliament and Canadians to monitor our Government's progress on delivering real change to Canadians. In the future, CIHR'S reports to Parliament will focus more transparently on how we are using our resources to fulfill our commitments and achieve results for Canadians.
These new reporting mechanisms will allow Canadians to more easily follow our Department's progress towards delivering on our priorities, which were outlined in the Prime Minister's mandate letter[1] to me.

CIHR's strategic plan, *Health Research Roadmap II: Capturing Innovation to Produce Better Health and Health Care for Canadians* has set out a refreshed vision for the future of Canada's health research investment agency. It positions CIHR as a driver of health innovation, as well as a leader in creating the research collaborations needed to address Canada's complex health challenges.

Over the past year, CIHR has made great progress in implementing the strategic directions set out in the plan: promoting excellence, creativity, and breadth in health research and knowledge translation; mobilizing health research for transformation and impact; and optimizing CIHR's activities and resources to align with emerging and future needs. In the years ahead, CIHR will continue to focus on these directions, which will play a vital role in helping to strengthen our health care system and improve the health of Canadians.

CIHR has also made significant progress in modernizing the way that research grants are awarded. The streamlined Foundation grants and Project grants are being pilot tested and refined to help lessen the burden on both applicants and peer reviewers. With the new College of Reviewers, CIHR is creating a national resource that will facilitate peer review throughout Canada, in all areas of health research.

Through the Strategy for Patient-Oriented Research, CIHR has succeeded in engaging all provinces and territories with the launch of SUPPORT Units in regions across Canada. With these interconnected centres of expertise, we are now able to better integrate research evidence into health care, and share best practices among jurisdictions. CIHR will continue to foster such partnerships that seek to directly improve the care we provide to patients.

I am pleased to note that CIHR is also playing a significant role in global health research efforts. Through initiatives such as Grand Challenges Canada, the Bill and Melinda Gates Foundation, and the Global Alliance for Chronic Diseases, CIHR is working in collaboration with international partners to find solutions to the health challenges facing people in developing countries.

I invite you to review this report to learn more about how CIHR is using health research to accelerate health innovation, for the benefit of Canadians and people throughout the world.

The Honourable Jane Philpott, P.C., M.P.
Minister of Health

Section I: Organizational Expenditure Overview

Organizational Profile

Appropriate Minister: The Honourable Jane Philpott, P.C., M.P.

Institutional Head: Dr. Alain Beaudet, President

Ministerial Portfolio: Health

Enabling Instrument(s): *Canadian Institutes of Health Research Act* (S.C. 2000, c. 6)[2]

Year of Incorporation / Commencement: 2000

Organizational Context

Raison d'être and Responsibilities

Canadian Institutes of Health Research (CIHR)[3] is the Government of Canada's health research funding agency. The Minister of Health is responsible for this organization. It was created in June 2000 by the *Canadian Institutes of Health Research Act* with a mandate "to excel, according to internationally accepted standards of scientific excellence, in the creation of new knowledge and its translation into improved health for Canadians, more effective health services and products and a strengthened Canadian health care system."

CIHR's mandate seeks to transform health research in Canada, in an ethically sound manner, by:

- Funding both investigator-initiated and priority-driven research;
- Building research capacity in under-developed areas and training the next generation of health researchers; and
- Focusing on knowledge translation that facilitates the application of the results of research and their transformation into new policies, practices, procedures, products and services.

2016–17 CIHR Institutes

Scientific Directors*

Aboriginal Peoples' Health
Dr. Malcolm King

Aging
Dr. Yves Joanette

Cancer Research
Dr. Stephen Robbins

Circulatory and Respiratory Health
Dr. Brian Rowe

Gender and Health
Dr. Cara Tannenbaum

Genetics
Dr. Paul Lasko

Health Services and Policy Research
Dr. Robyn Tamblyn

Human Development, Child and Youth Health
Dr. Shoo K. Lee

Infection and Immunity
Dr. Marc Ouellette

Musculoskeletal Health and Arthritis
Dr. Hani El-Gabalawy

Neurosciences, Mental Health and Addiction
Dr. Anthony Phillips

Nutrition, Metabolism and Diabetes
Dr. Philip M. Sherman

Population and Public Health
Dr. Nancy Edwards

*http://www.cihr-irsc.gc.ca/e/2890.html

CIHR integrates research through a unique interdisciplinary structure made up of 13 "virtual" institutes.[4] These institutes are not "bricks and mortar" buildings but communities of experts in specific areas. Collectively, the institutes support a broad spectrum of research: biomedical; clinical; health systems and services; and the social, cultural and environmental factors that affect the health of populations. Institutes form national research networks linking researchers, funders and knowledge users across Canada to work on priority areas.

As Canada's health research funding agency, CIHR makes an essential contribution to the Minister of Health's overall responsibilities by funding the research and knowledge translation

needed to inform the evolution of Canadian health policy and regulation, and by taking an advisory role on research and innovation issues. This is achieved through an extensive and growing set of linkages with Health Canada and the Public Health Agency of Canada, providing decision makers with access to high-quality and timely health research outcomes/results.

CIHR also works closely with the Natural Sciences and Engineering Research Council (NSERC)[5] and the Social Sciences and Humanities Research Council (SSHRC)[6], the two granting councils of the Industry portfolio, to share information and coordinate efforts, harmonize practices, avoid duplication and foster multidisciplinary research. The three organizations (referred to as "Tri-Agency") provide a channel for the implementation of common policies, practices and approaches, whenever possible.

CIHR's Governing Council (GC)[7] sets the strategic direction of the Agency and is responsible for evaluating its performance. Leadership on research, knowledge translation and funding for research is provided by the Science Council (SC)[8], while leadership on corporate policy and management is provided by the Executive Management Committee (EMC)[9].

Strategic Outcome and Program Alignment Architecture

1. Strategic Outcome: Canada is a world leader in the creation, dissemination and application of health research knowledge.

- **1.1 Program:** Investigator-Initiated Health Research
  - **1.1.1 Sub-Program:** Operating Support
  - **1.1.2 Sub-Program:** Training and Career Support
- **1.2 Program:** Priority-Driven Health Research
  - **1.2.1 Sub-Program:** Institute-Driven Initiatives
  - **1.2.2 Sub-Program:** Horizontal Health Research Initiatives
- **Internal Services**

Organizational Priorities

CIHR is currently in the second year of the implementation of its new strategic plan called *Health Research Roadmap II: Capturing innovation to produce better health and health care for Canadians* (Roadmap II). This strategic plan is the product of widespread consultations with diverse members of Canada's health research enterprise, an assessment of significant and emerging trends in the health research landscape, and ongoing deliberations about what CIHR aims to achieve. *Roadmap II* is designed to strike a balance between achieving the transformational goals of its predecessor, and aligning to the future. It builds on CIHR's vision to capture excellence and accelerate health innovation in Canada via three strategic directions, and is well-aligned with CIHR's Program Alignment Architecture.

Priority #1: Promoting Excellence, Creativity and Breadth in Health Research and Knowledge Translation

Description

Investigator-initiated health research plays an important role in feeding the innovation pipeline with the very best ideas, from discovery to application. CIHR is committed to breaking down barriers and creating an environment that will enable the pursuit of innovative ideas and approaches in all areas of health research and knowledge translation, and that will provide opportunities to train the next generation of researchers and professionals. In a world where the next health crises are not yet known, it is critical to support a broad, non-targeted base of excellent researchers so that Canada is ready and able to respond to future challenges and priorities.

Priority Type: Ongoing

Key Supporting Initiatives

Planned Initiatives	Start Date	End Date	Link to Department's Program Alignment Architecture
• Through the continued implementation of the Reforms of Open programs and peer review, contribute to a sustainable Canadian health research enterprise and ensure the reliability, consistency, fairness and efficiency of the competition and peer review processes.	April 1, 2014	March 31, 2019	1.1 Investigator-Initiated Health Research
• Mobilize the capacity of Canada's research community to advance health and scientific knowledge and apply that knowledge to benefit health care and the health system	April 1, 2014	March 31, 2019	1.1 Investigator-Initiated Health Research

by providing long-term support for the pursuit of innovative, high-impact programs of research through the Foundation Grants program.			
• Capture ideas with the greatest potential for important advances in health-related knowledge, the health care system, and/or health outcomes, by supporting projects with a specific purpose and defined endpoint, including ideas that may stem from new, incremental, innovative, and/or high-risk lines of inquiry or knowledge translation approaches, through the Project Grants program.	April 1, 2014	March 31, 2019	1.1 Investigator-Initiated Health Research
• Provide support to highly skilled researchers and trainees in Canada and abroad, who have an exceptionally high potential for future research achievement and productivity, through the launch of the CIHR Training Strategy as well as investments in training and career awards to attract and retain top-tier talent and position them for success as research leaders of tomorrow.	April 1, 2014	March 31, 2019	1.1 Investigator-Initiated Health Research

Priority #2: Mobilizing Health Research for Transformation and Impact

Description

CIHR has a responsibility to actively build, shape and mobilize Canada's research capacity to address critical health issues and capture emerging scientific opportunities. A targeted approach complements investigator-initiated research by ensuring a portion of CIHR's investments are deliberately directed towards current or emerging health and health system research priorities. Achieving transformation and impact will also depend on CIHR's ability to maximize on networks as well as tap into the expertise of new health and non-health sector partners who share a common health-oriented goal and embrace the data revolution.

Priority Type: Ongoing

Key Supporting Initiatives

Planned Initiatives	Start Date	End Date	Link to Department's Program Alignment Architecture
• Generate discoveries that promote the rapid and efficient translation of research evidence into effective and affordable health care through the continued development and implementation of signature initiatives;	April 1, 2014	March 31, 2019	1.2 Priority-Driven Health Research
• Support the health and wellness goals of Aboriginal peoples through shared research leadership and the establishment of culturally sensitive policies and interventions;	April 1, 2014	March 31, 2019	1.2 Priority-Driven Health Research
• Take a proactive approach to understanding and addressing the causes of ill health, and on supporting physical and mental wellness at the individual, population and system levels;	April 1, 2014	March 31, 2019	1.2 Priority-Driven Health Research
• Focus on understanding multiple, co-existing chronic conditions, and on supporting integrated solutions that enable Canadians to continue to participate actively in society.	April 1, 2014	March 31, 2019	1.2 Priority-Driven Health Research

Priority #3: Achieving Organizational Excellence

Description

CIHR's pledge to achieve organizational excellence is rooted in our firm commitment to continuous improvement. As stewards of public funds, we are committed to ensuring Canadians understand how and why decisions are made, demonstrating the value and impact of our investments, and optimizing the responsible use of resources. Efforts will focus on priority projects to promote equity and fairness, enhance transparency and accountability, ensure responsible governance and stewardship, and build a modern world-class work environment.

Priority Type: Ongoing

Key Supporting Initiatives

Planned Initiatives	Start Date	End Date	Link to Department's Program Alignment Architecture
• Through the Institutes Modernization Initiative, CIHR will maintain its unique role and leadership position by enabling the Agency to adapt to the evolution of a more collaborative and interdisciplinary health research landscape, and by demonstrating increased accountability to the public for how CIHR-supported research directly contributes to improved health and health care outcomes.	April 1, 2014	March 31, 2019	Internal Services
• CIHR will continue to lead performance measurement, reporting and evaluation practices to generate high quality studies that examine the link between health research and health impacts.	April 1, 2014	March 31, 2019	Internal Services
• CIHR will apply a variety of technology enabled solutions to improve client service, increase the quality, efficiency and effectiveness of program delivery systems, and reduce complexity for stakeholders.	April 1, 2014	March 31, 2019	Internal Services
• New structures and processes will be implemented that are designed to improve the effectiveness of partner engagement and increase the impact of research funding, as part of a renewed approach to building partnerships.	April 1, 2014	March 31, 2019	Internal Services

For more information on organizational priorities, see the Minister of Health Mandate Letter on the Prime Minister of Canada's website.[10]

Risk Analysis

Key Risks

Risk	Risk Response Strategy	Link to Program Alignment Architecture
CIHR's current commitments to our priorities may result in unsustainable pressure on available resources	The financial framework implemented in 2015-16 will be enhanced in 2016-17 to reflect lessons learned in its implementation year. The framework highlights the appropriate level of budget management accountability for programs within CIHR's grants and awards budget. It also delineates the process to ensure a thorough review, by senior management committees, of proposals for initiatives with significant investments. These committees assess both the scientific merit of the initiative and confirm the adequacy of the level of funding proposed to meet the initiatives' objectives. At the same time, a senior management working group has been established that is responsible for developing an integrated 3-year planning process that better aligns priorities to available resources and mitigates the risks as they are identified.	• 1.1 Investigator-Initiated Health Research • 1.2 Priority-Driven Health Research • Internal Services
Limitations and delays in technology modernization and integration may impact CIHR's ability to adequately maintain our ongoing business as well as support new business processes	The technologies have been approved and procurement has occurred. However, consideration must be given to finding a balance between the required effort to configure the systems in an efficient manner within allocated budgets to enable the business and the manual process that has historically been used. This balance between the return on investment and the efficiencies sought is the key to CIHR successfully implementing Roadmap II. CIHR is updating its detailed project plan which defines clear milestones, ensures efficiencies, looks at the limitations and options available, and identifies new pressures. This allows the Agency to identify the time and cross organizational resources required to support new business processes.	• 1.1 Investigator-Initiated Health Research • Internal Services
CIHR's reputation, external support and stakeholder engagement are being impacted due to significant change within the Agency	CIHR developed an inclusive partner and stakeholder engagement strategy (linked to the Integrated Change Management plan and communication strategy) which enhances the Agency's ability to provide consistent and pro-active messaging to stakeholders; and to engage them in a thoughtful and timely	• 1.1 Investigator-Initiated Health Research • 1.2 Priority-Driven Health Research

	manner. With the implementation of its new stakeholder engagement strategy, CIHR will improve its engagement with stakeholders and partners in an open and inclusive manner. These dialogues and multilateral conversations will help CIHR to understand and identify key concerns; establish shared priorities; develop consensus; test and improve solutions; minimize implementation burden; and facilitate stakeholder understanding and awareness of possible or planned program changes, among a number of goals CIHR hopes to achieve through its new stakeholder engagement strategy.	

Risk Narrative

Health research plays an important role in contributing to improved health and health system outcomes, and CIHR is the catalyst that drives innovation in the creation of knowledge and its application; the Agency's unique structure is designed to break down barriers that impede innovation and serves to bring researchers and knowledge users together from across disciplines, professions, sectors and geographic borders to find solutions to Canada's most complex health challenges.

Canada's new government has mandated the Ministers of Health and Science to strengthen our support for fundamental, discovery-based research, foster innovations in health and health care, and increase our support for research to improve health and health system outcomes. As the Canadian Federal Agency responsible for funding the research and knowledge translation needed to inform the evolution of Canadian health policies and regulations, CIHR must recognize and take advantage of emerging trends in health and health systems research to address complex health challenges and accelerate innovation in Canada and abroad.

Exploiting the opportunities provided by scientific discovery and innovation can only be achieved by creating a balance between the multiple, and sometimes competing interests and motivations of researchers, research participants, research sponsors, academic institutions, health system leaders, individuals and society. A structured, analytical and deliberate approach to responsible decision making is needed to ensure that these multiple interests are considered.

CIHR has laid out its vision to capture excellence and accelerate health innovation, to amplify the impact of CIHR's investments by expanding partnerships to accelerate the development of innovative thinking and increase the research funding envelope to maximize the impacts of health research in Canada. Additionally, over the last several years, the Agency has been working to modernize its programs, policies and systems to better capitalize on Canada's health

research strengths and adapt to the evolution within the health research landscape. A bold approach was taken to design a high-quality, flexible and sustainable system that is capable of identifying and supporting excellence in all areas of health research.

To ensure that the objectives outlined in Roadmap II have been met, CIHR has developed an Integrated Risk Management Framework, designed to provide a proactive response to manage and monitor risks and ensure CIHR's ability to operationalize its processes. This year, CIHR has identified three risks requiring mitigation and monitoring. The risks are outlined in the table above.

Planned Expenditures

Budgetary Financial Resources (dollars)

2016–17 Main Estimates	2016–17 Planned Spending	2017–18 Planned Spending	2018–19 Planned Spending
1,025,620,003	1,026,570,003	1,019,671,030	1,011,924,521

Human Resources (Full-Time Equivalents [FTEs])

2016–17	2017–18	2018–19
402	414	414

Budgetary Planning Summary for the Strategic Outcome and Programs (dollars)

Strategic Outcome, Programs and Internal Services	2013–14 Expenditures	2014–15 Expenditures	2015–16 Forecast Spending	2016–17 Main Estimates	2016–17 Planned Spending	2017–18 Planned Spending	2018–19 Planned Spending
Strategic Outcome: Canada is a world leader in the creation, dissemination and application of health research knowledge							
1.1 Investigator-Initiated Health Research	673,436,890	702,304,252	686,809,363	692,439,221	692,653,215	696,730,074	704,280,255
1.2 Priority-Driven Health Research	295,857,919	284,483,539	312,487,899	304,974,917	305,231,168	294,255,336	278,958,646
Subtotal	**969,294,809**	**986,787,791**	**999,297,262**	**997,414,138**	**997,884,383**	**990,985,410**	**983,238,901**
Internal Services Subtotal	**28,677,179**	**30,491,591**	**29,414,947**	**28,205,865**	**28,685,620**	**28,685,620**	**28,685,620**
Total	**997,971,988**	**1,017,279,382**	**1,028,712,209**	**1,025,620,003**	**1,026,570,003**	**1,019,671,030**	**1,011,924,521**

CIHR's forecast spending for 2015–16 is $1,028.7 million with planned spending going from $1,026.6 million in 2016-17 to $1,011.9 million by 2018-19. CIHR's base budget remains stable between 2015-16 and 2018-19. The variance between 2015-16 and 2018-19 of $16.8 million is mostly due to funding transferred to CIHR as a result of Tri-Agency program competitions. Funding allocated to each of the three organizations for these programs can vary between competitions, and fiscal years, depending on the projects' alignment with the research mandate and priorities of each organization. CIHR's funding for the current competitions will sunset by 2018-19 but planned spending will increase as a result of successful health-oriented projects in future competitions.

To note, in 2015-16 CIHR began receiving more than $16 million a year as a result of the inaugural competition for the Canada First Research Excellence Fund (CFREF). In collaboration with NSERC and SSHRC, CIHR will provide funding to Canada's post-secondary institutions to position them to compete with the best in the world for talent, partnership opportunities and breakthrough discoveries, thus creating long-term economic advantages for Canada. Over 8 fiscal years, CIHR will be partially funding 2 of the 5 recipients for a total of $114.9 million.

In accordance with Budget 2015, CIHR also anticipates its planned spending and base budget to increase by $15 million a year as of 2016-17. With this additional funding, CIHR will support the advancement of health research and scientific discoveries by increasing its investment in the

Strategy for Patient-Oriented Research, as well as investing in the global effort to addressing antimicrobial resistance.

CIHR also collaborates on partnership activities with other federal departments and, as a result, funding may be transferred to CIHR to address a common theme or research priority. As partnership activities are confirmed in the upcoming fiscal years, it is anticipated that CIHR's planned spending will increase.

Alignment of Spending With the Whole-of-Government Framework

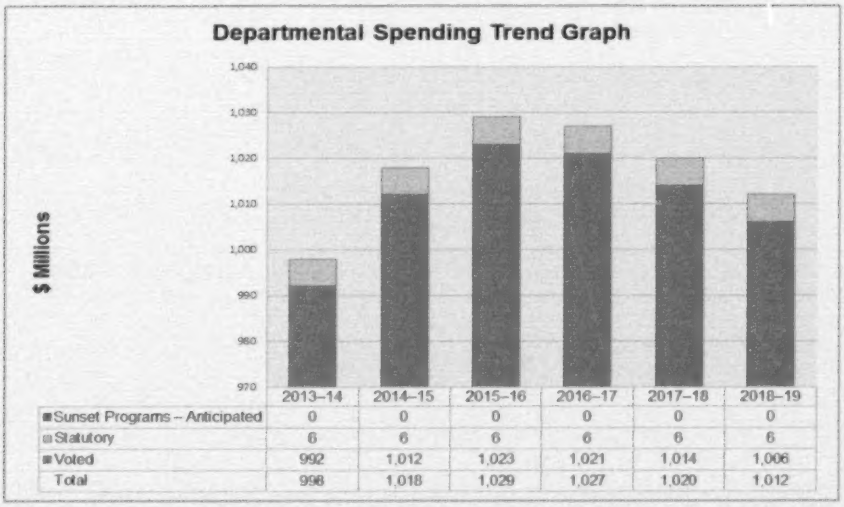
Alignment of 2016–17 Planned Spending With the Whole-of-Government Framework[11] (dollars)

Strategic Outcome	Program	Spending Area	Government of Canada Outcome	2016–17 Planned Spending
Canada is a world leader in the creation, dissemination and application of health research knowledge	1.1 Investigator-Initiated Health Research	Social Affairs	Healthy Canadians	692,653,215
	1.2 Priority-Driven Health Research	Social Affairs	Healthy Canadians	305,231,168

Total Spending by Spending Area (dollars)

Spending Area	Total Planned Spending
Economic affairs	0
Social affairs	1,026,570,003
International affairs	0
Government affairs	0

Departmental Spending Trend



	2013–14	2014–15	2015–16	2016–17	2017–18	2018–19
Sunset Programs – Anticipated	0	0	0	0	0	0
Statutory	6	6	6	6	6	6
Voted	992	1,012	1,023	1,021	1,014	1,006
Total	998	1,018	1,029	1,027	1,020	1,012

CIHR's planned and actual spending is expected to be stable at approximately $1 billion. The variance between 2014-15 and 2015-16 is related to funding allocated to CIHR as a result of the inaugural competition for the Canada First Research Excellence Fund, increasing the planned spending by over $16 million annually between 2015-16 and 2021-22.

The variance between 2015-16 and 2018-19 is due to funding allocated to CIHR for the Tri-Agency programs, such as the Canada Excellence Research Chair (CERC) and the Business-Led Networks of Centres of Excellence. Funding for the current competitions of these programs varies by fiscal years, therefore reducing CIHR's reference levels by approximately $14 million by 2018-19. A total of $2.7 million transferred to CIHR from other departments for partnership activities is also planned to sunset by 2018-19.

The overall variance in planned spending between 2015-16 and 2018-19 is expected to be temporary and will increase in future years. It is anticipated that funding will be allocated to CIHR for Tri-Agency programs once the funding from future competitions is allocated and successful projects align with CIHR's health-related mandate, and that new and/or renewal of existing partnership activities materialize.

Estimates by Vote

For information on CIHR's organizational appropriations, consult the 2016–17 Main Estimates.[12]

Section II: Analysis of Program(s) by Strategic Outcome

Strategic Outcome: Canada is a world leader in the creation, dissemination and application of health research knowledge

CIHR is the Government of Canada's health research investment agency. CIHR supports more than 13,000 health researchers and trainees. CIHR's investments in training and career development, health research and innovation are important drivers of Canada's knowledge economy, and are helping improve long-term health outcomes. By supporting research and knowledge translation excellence, CIHR is not only enhancing Canada's competitiveness at the international level, it is also facilitating the translation of research knowledge into better care and a stronger health care system for Canadians. This level of excellence is determined by a system of adjudication that engages thousands of experts in Canada and abroad who provide an invaluable service, without renumeration, by reviewing more than 11,000 applications each year.

CIHR published a refreshed five-year strategic plan, the *Health Research Roadmap II: Capturing innovation to produce better health and health care for Canadians*, that builds on the work initiated five years ago as part of the 2009–2014 strategic plan. The new CIHR strategic plan strikes a balance between completing the transformation envisioned and initiating new priorities, and is fully aligned to the Program Alignment Architecture.

Specifically, CIHR supports research through the following programs:

- Investigator-Initiated Health Research, and
- Priority-Driven Health Research.

Both programs are supported by Internal Services.

Program 1.1: Investigator-Initiated Health Research

Description

To develop and support a well-trained base of world-class health researchers and trainees conducting ethically sound research across all aspects of health, including biomedical research, clinical research, research respecting health systems, health services, the health of populations, societal and cultural dimensions of health and environmental influences on health, and other research as required. The goal of this program is to advance health knowledge and to apply this knowledge in order to improve health systems and/or health outcomes. Grants and awards are disbursed to fund research or to provide career or training support. The specific area of research is identified by the researcher.

Budgetary Financial Resources (dollars)

2016–17 Main Estimates	2016–17 Planned Spending	2017–18 Planned Spending	2018–19 Planned Spending
692,439,221	692,653,215	696,730,074	704,280,255

Human Resources (FTEs)

2016–17	2017–18	2018–19
104	109	109

Performance Measurement

Expected Results	Performance Indicators	Targets	Date to Be Achieved
Canada has an internationally competitive health research community	Canada's health research specialization index ranking versus international levels (G7 nations)	2nd among G7	March 31, 2017
CIHR-funded research has improved the health of Canadians	Percent of CIHR Investigator-Initiated Health Research grants reporting contribution to improved health for Canadians	33%	March 31, 2017
Canadian health researchers advance health research knowledge	Canada's ranking among G7 in health research publications per million dollars of gross domestic expenditure on research	2nd among G7	March 31, 2017

	and development (GERD)		

Planning Highlights

In 2016-17, CIHR will implement the final phase of the consolidation of its Operating Grant programs into the new Foundation and Project Grants Programs. Foundation Grants are designed to contribute to a sustainable foundation of new and established health research leaders, by providing long-term support for the pursuit of innovative and high-impact research. Project Grants are designed to capture ideas with the greatest potential to advance health-related knowledge, health research, health care, health systems, and/or health outcomes; they support projects with a specific purpose and a defined endpoint. In 2016-17, CIHR will hold a second Foundation Grants competition and two new Project Grants competitions and fund as many of the most highly ranked projects as possible within the available budget.

Grants will also be awarded under the final competitions of legacy grant programs (e.g., sunsetting knowledge translation grants). Future grants of the sort awarded through the legacy programs will be funded through the new Foundation and Project Grants. CIHR will also continue the changes and enhancements to its peer review processes as well as the modernization of systems and client services related to the delivery of all CIHR programs.

Ensuring the quality and relevance of health research training is critical to building a solid foundation for the future of health research and to positioning trainees for success and impact. To this end, CIHR is working with diverse stakeholders on the development of a training strategy that will articulate a coherent approach to health research training.

In 2016-17, CIHR will also invest in a broad mix of researchers and trainees in Canada and abroad, from a variety of disciplines, by providing support to master's, doctoral and postdoctoral/post health professional students, as well as a variety of career awards.

Overall, the Agency will support more than 6,000 grants and awards for a total investment of approximately $700M in 2016–17 through the Investigator-Initiated Health Research Program.

Sub-Program 1.1.1: Operating Support

Description

Provides grant funding to researchers to conduct ethically sound research in any area related to health aimed at the discovery and application of knowledge. Investigators identify and propose

the nature and scope of the research and compete for support by demonstrating the potential impact the research will have with respect to improving health systems and/or health outcomes. Funds are disbursed through the Grants for Research Projects and Personnel Support transfer payment program for funding the operational support of research from open competitions. Examples of funding use are, but not exclusive to: the cost of the research project; consultation fees and/or; fees paid to research participants, etc.

Budgetary Financial Resources (dollars)

2016–17 Planned Spending	2017–18 Planned Spending	2018–19 Planned Spending
524,461,929	533,302,147	547,003,971

Human Resources (FTEs)

2016–17	2017–18	2018–19
72	74	74

Performance Measurement

Expected Results	Performance Indicators	Targets	Date to Be Achieved
CIHR funded health research advances health research knowledge	Percent of CIHR operating support grants reporting creation of new health knowledge	94%	March 31, 2017
CIHR funded health research results in knowledge translation	Percent of CIHR operating support grants reporting translation of knowledge	60%	March 31, 2017
CIHR-funded health research findings contribute to health care system improvements	Percent of CIHR operating support grants reporting contributions to strengthening the Canadian health care system	30%	March 31, 2017

Planning Highlights

CIHR will move forward with the second live pilot competition for Foundation Grants and two competitions for the new Project Grants. This represents a total investment of more than $500M over 7 years for these three competitions.

In 2016-17, work will also continue on the development of the College of Reviewers, which will create an internationally recognized model for peer review excellence. The College of Reviewers will enhance the current peer review system by improving reviewer recruitment practices, developing customized learning and mentoring programs, designing and implementing quality assurance programs that support continuous improvement and providing meaningful recognition to reviewers. CIHR will work closely with the research community to develop and implement these enhancements.

CIHR will also continue to support more than 2,000 ongoing grants through its legacy grant programs. Through the Operating Support Sub-Program, in 2016-17, CIHR will invest a total of at least $520M for new and ongoing grants.

Sub-Program 1.1.2: Training and Career Support

Description

Provides award funding to promising researchers and trainees to support training (master's, PhD, postdoctoral fellow) or career advancement (chairs, salary awards) in order to continue to build and maintain Canada's health research capacity across all aspects of health research. Funds are disbursed through the following transfer payment programs: Grants for Research Projects and Personnel Support; the Canada Graduate Scholarships; the Vanier Canada Graduate Scholarships; the Canada Excellence Research Chairs; the Industrial Research Chairs for Colleges; and the College and Community Innovation Program. Banting Postdoctoral Fellowships and Canada Research Chairs are also disbursed through the transfer payment programs mentioned. Funds can be used to cover such expenses as research equipment, materials and research supplies or travel to scientific meetings.

Budgetary Financial Resources (dollars)

2016–17 Planned Spending	2017–18 Planned Spending	2018–19 Planned Spending
168,191,286	163,427,927	157,276,284

Human Resources (FTEs)

2016–17	2017–18	2018–19
32	35	35

Performance Measurement

Expected Results	Performance Indicators	Targets	Date to Be Achieved
Investing in health researchers builds Canada's health research capacity	Canada's ranking among G7 nations for health researchers per thousand workforce	2nd among G7	March 31, 2017
Health researchers receive training and career support through CIHR funding	Total number of researchers supported through training and career support awards by CIHR	2,450 researchers supported through new and ongoing awards	March 31, 2017

Planning Highlights

In 2016-17, CIHR's strategic action plan on training will be released to the public, along with commitments to implement new approaches to enhance health research training. CIHR will also ramp-up monitoring processes for our research trainees through the development of new end-of-award reporting mechanisms and follow-up surveys, such as the Career Trajectory Survey.

Through Tri-Agency collaborations, CIHR will fund approximately 530 Canada Graduate Scholarships (CGS) at the masters and doctoral levels, 55 new Vanier CGS and 23 new Banting postdoctoral fellowships. Additionally, the Agency will fund approximately 170 postdoctoral/post health professional students through the Training and Career Support Sub-Program.

CIHR will also support close to 575 researchers through the Canada Research Chairs program, which provides support to new and established investigators, as well as the Canada Excellence Research Chairs program, created to support world-renowned researchers and their teams to establish ambitious research programs at Canadian universities.

CIHR will invest more than $160M in 2016–17 to support approximately 2,200 new and ongoing training and salary awards through its Training and Career Support Sub-Program, which will continue to build and maintain Canada's health research capacity across the entire spectrum of health research.

Program 1.2: Priority-Driven Health Research

Description

CIHR provides funding to researchers for ethically sound emergent and targeted research that responds to the changing health needs and priorities of Canadians across all aspects of health, including biomedical research, clinical research, research respecting health systems, health services, the health of populations, societal and cultural dimensions of health and environmental influences on health, and other research as required. The goal of this program is to advance health knowledge and its application, in specific areas of research identified by CIHR in consultation with other government departments, partners and stakeholders, in order to improve health systems and/or improve health outcomes in these priority areas. Grants are disbursed to fund research or to provide career or training support.

Budgetary Financial Resources (dollars)

2016–17 Main Estimates	2016–17 Planned Spending	2017–18 Planned Spending	2018–19 Planned Spending
304,974,917	305,231,168	294,255,336	278,958,646

Human Resources (FTEs)

2016–17	2017–18	2018–19
104	110	110

Performance Measurement

Expected Results	Performance Indicators	Targets	Date to Be Achieved
CIHR-funded research contributes to a stronger health care system	Percent of CIHR priority-driven health research grants reporting contributions to strengthening the Canadian health care system	34%	March 31, 2017
CIHR-funded research advances knowledge in emergent and specific health priorities	Percent of priority-driven health research grants reporting creation of new health knowledge	89%	March 31, 2017
CIHR-funded research in emergent and specific health priorities results in	Percent of priority-driven health research grants reporting knowledge	75%	March 31, 2017

knowledge translation	translation		

Planning Highlights

CIHR and its partners will continue to build on the success of the Strategy for Patient-Oriented Research (SPOR) by funding four national SPOR research networks in 2016-17. These research networks are designed to address the growing challenge of chronic disease in Canada. Through research, implementation and innovative intervention approaches, these networks will catalyze transformative and measurable improvements in health, health care and the efficiency and effectiveness of service delivery.

CIHR will also focus on funding Canadian and international cohorts under the Healthy Life Trajectories Initiative to generate evidence that will inform national policy and decision-making for the improvement of health and the prevention of non-communicable disease, with an emphasis on obesity, cardiovascular disease and diabetes throughout the lifespan.

Additionally, CIHR will fund a series of grants under the Environments and Health Signature Initiative, which includes a focus on the effects of environment-microbiome-gene interactions on disease patterns and human health across the life course, as well as prevention or mitigation strategies regarding environmental threats to promote healthy environments within Canada.

Through the HIV/AIDS Horizontal Initiative, CIHR will be funding 7 Implementation Science research projects in 2016–17 that build on effectiveness research, providing new insights on how interventions can be adapted to both the priority target populations and the systems that are used to deliver programs and policies.

Overall, CIHR will fund close to 2,200 grants and awards including 1,300 new grants and awards through its Priority-Driven Health Research Program for a total planned investment of more than $300M in 2016-17. This investment will support research on health and health system priorities and capture emerging national and international scientific opportunities.

Sub-Program 1.2.1: Institute-Driven Initiatives

Description

Provides targeted grant and award funding to mobilize researchers, health practitioners and decision makers to work together to address priority health challenges in an ethical manner. These priority areas are identified by CIHR in consultation with partners and stakeholders. Researchers compete for funding by demonstrating the potential impact the research will have

with respect to addressing priority areas. Funds may be used to cover such expenses as stipends and salaries. Funds are disbursed through the Grants for Research Projects and Personnel Support transfer payment program for funding research from targeted competitions while the Institute Support Grant transfer payment program is used to operationalize CIHR's virtual model.

Budgetary Financial Resources (dollars)

2016–17 Planned Spending	2017–18 Planned Spending	2018–19 Planned Spending
214,377,212	206,454,520	195,655,172

Human Resources (FTEs)

2016–17	2017–18	2018–19
75	80	80

Performance Measurement

Expected Results	Performance Indicators	Targets	Date to Be Achieved
Partners invest in institute-driven research	Ratio of financial contributions leveraged from institute-driven initiatives ($ leveraged per $ granted)	$0.39	March 31, 2017
Stakeholders collaborate on institute-driven research	Percent of institute-driven initiative grants reporting stakeholder involvement in the research process	85%	March 31, 2017

Planning Highlights

In 2016-17, CIHR and its partners will contribute to the creation of better preventive health services and healthier communities for First Nations, Métis and Inuit peoples in Canada by funding research into interventions designed to address four key priority areas: Suicide prevention, obesity, tuberculosis, and oral health. These key issues will be addressed through the Pathways to Health Equity for Aboriginal Peoples Signature Initiative, which is planning to launch three new funding opportunities over the coming year.

CIHR, in close partnership with the Social Sciences and Humanities Research Council, will fund research that brings together researchers and policy makers to develop innovative approaches that support the health and productivity of Canada's diverse and changing workforce through the Healthy and Productive Work Initiative. More than $14M has been committed to Phase I and II of the Partnership Development Grants program, with funding to begin in 2016-17 (for Phase I).

CIHR is also expanding its Dementia Research Strategy in 2016–17 to launch funding opportunities (for a total planned commitment of $5M) in new directions including the challenge of dementia in the Aboriginal population and the societal inclusion of individuals living with dementia.

In 2016-17, the Agency will fund 22 research grants in the area of eHealth to facilitate partnerships between technology industries, researchers and end-users such as patients/families and clinicians with the goal of creating innovative approaches to health care delivery that will improve outcomes and patient experiences. The eHealth Initiative focuses on two priority areas: early detection of disorders and effective interventions for youth with mental health conditions and seniors with complex care needs in their homes and communities.

CIHR plans to fund approximately 1,800 grants and awards for a total investment of over $200M in 2016-17 through the Institute-Driven Initiatives Sub-Program. This sub program is designed to support research that addresses critical health issues that are important to Canadians and to stakeholders abroad, in order to maximize health, social and economic impacts.

Sub-Program 1.2.2: Horizontal Health Research Initiatives

Description

Provides targeted funding for the advancement and application of health research knowledge to address, in an ethical manner, priority health challenges identified by CIHR in collaboration with other federal departments or agencies, other national governments, non-governmental organizations, or private sector organizations. Funds may be used to cover research project expenditures as well as salaries or consultation fees. Targeted health challenges currently include: HIV/AIDS Initiative; National Anti-Drug Strategy (NADS); Drug Safety and Effectiveness Network (DSEN); Hepatitis C; and the Networks of Centres of Excellence. Funds are disbursed through the following transfer payment programs: Grants for Research Projects and Personnel Support; the Networks of Centres of Excellence; the Business-Led Networks of Centres of Excellence; and the Centres of Excellence for Commercialization and Research; and Canada First Research Excellence Fund (CFREF).

Budgetary Financial Resources (dollars)

2016–17 Planned Spending	2017–18 Planned Spending	2018–19 Planned Spending
90,853,956	87,800,816	83,303,474

Human Resources (FTEs)

2016–17	2017–18	2018–19
29	30	30

Performance Measurement

Expected Results	Performance Indicators	Targets	Date to Be Achieved
Government and external stakeholders invest in horizontal health research initiatives	Ratio of financial contributions leveraged from horizontal health research initiatives ($ leveraged per $ granted)	$0.66	March 31, 2017
Horizontal initiative research results in knowledge translation	Percent of horizontal health research initiative grants reporting translation of knowledge	85%	March 31, 2017
CIHR-funded research findings contribute to more effective health services and products	Percent of CIHR horizontal health research initiative grants reporting contributions to more effective health services and products	52%	March 31, 2017

Planning Highlights

As part of the Horizontal Health Research Initiatives Sub-Program, in 2016-17 CIHR will continue to provide funding and partner with key stakeholders to address horizontal health issues.

Through the Drug Safety and Effectiveness Network, CIHR will focus on stakeholder engagement to increase the use of the Network to ultimately improve the evidence on drug safety and effectiveness available to regulators, policy makers, health care providers and patients.

In partnership with the Public Health Agency of Canada and other key stakeholders, CIHR will also continue to develop knowledge on emerging health threats such as Ebola and antimicrobial resistance (AMR) through targeted research grants.

In 2016-17, CIHR will continue to support the Networks of Centres of Excellence (NCE)[13], delivered collaboratively by the Tri-Agency NCE Secretariat, and managed by NSERC on behalf of the Tri-Agencies. CIHR will also work closely with the Tri-Agencies, other federal government departments and external stakeholders to continuously improve the NCE suite of programs to respond to advances in Canadian and international science, technology and innovation ecosystems, and bring new technologies, products and services to market faster.

CIHR will continue to facilitate new applied health research collaborations through the College and Community Innovation program[14], managed by NSERC on behalf of the Tri-Agencies.

Overall, CIHR will fund close to 400 grants and awards including 200 new grants and awards through its Horizontal Health Research Initiatives Sub-Program for a total planned investment of approximately $90M in 2016-17.

Internal Services

Description

Internal Services are groups of related activities and resources that are administered to support the needs of programs and other corporate obligations of an organization. Internal services include only those activities and resources that apply across an organization, and not those provided to a specific program. The groups of activities are Management and Oversight Services; Communications Services; Legal Services; Human Resources Management Services; Financial Management Services; Information Management Services; Information Technology Services; Real Property Services; Materiel Services; and Acquisition Services.

Budgetary Financial Resources (dollars)

2016–17 Main Estimates	2016–17 Planned Spending	2017–18 Planned Spending	2018–19 Planned Spending
28,205,865	28,685,620	28,685,620	*28,685,620*

Human Resources (FTEs)

2016–17	2017–18	2018–19
194	195	195

Planning Highlights

CIHR's pledge to achieve organizational excellence is rooted in a firm commitment to continuously improve. As a steward of public funds, CIHR has an obligation to maintain the public's trust and confidence, and demonstrate good value for money. This means ensuring that Canadians understand how and why decisions are made, demonstrating the value and impact of our investments, and optimizing the use of resources.

Over the coming year, the modernization of existing programs, policies and systems to better capitalize on Canada's health research strengths and address solutions to health challenges championed by Canadians will focus on improved information technology systems. These new systems will support remote adjudication of applications and facilitate the matching of reviewer expertise to applications.

In support of our goal to accelerate health innovation in Canada through more, deeper and stronger collaborations and strategic alliances, as outlined in *Roadmap II*, CIHR will test, refine and implement new partnership and stakeholder engagement strategies. These strategies will

enhance stakeholder and partner engagement from academic institutions, industry, government and not-for-profit organizations, all of whom contribute to the training of the next generation, work with users to facilitate the application of knowledge, and increase research collaboration in Canada and abroad.

As part of the recommendations from the review of CIHR's slate of institutes by Governing Council in 2014, CIHR will finalize the organizational modernization, the restructuring of the current Institute Advisory Board (IAB) model and implement the new Institute Evaluation Framework in 2016-17.

The Institute Advisory Boards (IABs) are being restructured so that members will provide Institutes with a wider scope of scientific expertise, allow IABs to better identify opportunities for Institute collaboration, and streamline organizational structure. Scientific Directors will continue to lead a collaborative dialogue with stakeholders across many scientific disciplines in support of CIHR's numerous initiatives and strategic priorities.

The Institute Evaluation Framework enhances and formalizes the ongoing assessment of the relevance and performance of CIHR Institutes. The ongoing performance measurement and evaluation will assess the extent to which needs are being addressed and the impacts achieved by Institutes. The evaluation of Institutes will be a key mechanism by which CIHR determines its ability to meet the needs of an evolving health research environment in Canada and internationally, and demonstrates accountability to Parliament and Canadians.

A breakdown of internal financial and human resource management services can be found below.

Management and Oversight Services

Budgetary Financial Resources (dollars)

2016–17 Main Estimates	2016–17 Planned Spending	2017–18 Planned Spending	2018–19 Planned Spending
8,173,465	8,173,465	8,173,465	8,173,465

Human Resources (FTEs)

2016–17	2017–18	2018–19
62	64	64

Communications Services

Budgetary Financial Resources (dollars)

2016–17 Main Estimates	2016–17 Planned Spending	2017–18 Planned Spending	2018–19 Planned Spending
4,880,770	4,880,770	4,880,770	4,880,770

Human Resources (FTEs)

2016–17	2017–18	2018–19
34	36	36

Legal Services

Budgetary Financial Resources (dollars)

2016–17 Main Estimates	2016–17 Planned Spending	2017–18 Planned Spending	2018–19 Planned Spending
416,443	416,443	416,443	416,443

Human Resources (FTEs)

2016–17	2017–18	2018–19
2	2	2

Human Resource Management Services

Budgetary Financial Resources (dollars)

2016–17 Main Estimates	2016–17 Planned Spending	2017–18 Planned Spending	2018–19 Planned Spending
2,711,539	2,711,539	2,711,539	2,711,539

Human Resources (FTEs)

2016–17	2017–18	2018–19
19	20	20

Financial Management Services

Budgetary Financial Resources (dollars)

2016–17 Main Estimates	2016–17 Planned Spending	2017–18 Planned Spending	2018–19 Planned Spending
2,208,079	2,208,079	2,208,079	2,208,079

Human Resources (FTEs)

2016–17	2017–18	2018–19
22	22	22

Information Management Services

Budgetary Financial Resources (dollars)

2016–17 Main Estimates	2016–17 Planned Spending	2017–18 Planned Spending	2018–19 Planned Spending
1,210,481	1,210,481	1,210,481	1,210,481

Human Resources (FTEs)

2016–17	2017–18	2018–19
12	9	9

Information Technology Services

Budgetary Financial Resources (dollars)

2016–17 Main Estimates	2016–17 Planned Spending	2017–18 Planned Spending	2018–19 Planned Spending
7,059,325	7,059,325	7,059,325	7,059,325

Human Resources (FTEs)

2016–17	2017–18	2018–19
37	36	36

Real Property Services

Budgetary Financial Resources (dollars)

2016–17 Main Estimates	2016–17 Planned Spending	2017–18 Planned Spending	2018–19 Planned Spending
1,297,499	1,297,499	1,297,499	1,297,499

Human Resources (FTEs)

2016–17	2017–18	2018–19
6	6	6

Materiel Services

Budgetary Financial Resources (dollars)

2016–17 Main Estimates	2016–17 Planned Spending	2017–18 Planned Spending	2018–19 Planned Spending
125,865	125,865	125,865	125,865

Human Resources (FTEs)

2016–17	2017–18	2018–19
1	1	1

Acquisition Services

Budgetary Financial Resources (dollars)

2016–17 Main Estimates	2016–17 Planned Spending	2017–18 Planned Spending	2018–19 Planned Spending
416,443	416,443	416,443	416,443

Human Resources (FTEs)

2016–17	2017–18	2018–19
4	4	4

Section III: Supplementary Information

Future-Oriented Condensed Statement of Operations

The Future-Oriented Condensed Statement of Operations provides a general overview of CIHR's operations. The forecast of financial information on expenses and revenues is prepared on an accrual accounting basis to strengthen accountability and to improve transparency and financial management.

Because the Future-Oriented Condensed Statement of Operations is prepared on an accrual accounting basis, and the forecast and planned spending amounts presented in other sections of the Report on Plans and Priorities are prepared on an expenditure basis, amounts may differ.

A more detailed Future-Oriented Statement of Operations and associated notes, including a reconciliation of the net cost of operations to the requested authorities, are available on CIHR's website[15].

Future-Oriented Condensed Statement of Operations
For the Year Ended March 31, 2016
(dollars)

Financial Information	2015–16 Forecast Results	2016–17 Planned Results	Difference (2016–17 Planned Results minus 2015–16 Forecast Results)
Total expenses	1,039,880	1,038,365	(1,515)
Total revenues	8,761	10,075	1,314
Net cost of operations before government funding and transfers	1,031,119	1,028,290	(2,829)

Supplementary Information Tables

The supplementary information tables listed in the 2016–17 Report on Plans and Priorities are available on CIHR's website[16].

- Departmental Sustainable Development Strategy
- Details on Transfer Payment Programs of $5 Million or More
- Disclosure of Transfer Payment Programs Under $5 Million
- Upcoming Internal Audits and Evaluations Over the Next Three Fiscal Years

Tax Expenditures and Evaluations

The tax system can be used to achieve public policy objectives through the application of special measures such as low tax rates, exemptions, deductions, deferrals and credits. The Department of Finance Canada publishes cost estimates and projections for these measures each year in the Tax Expenditures and Evaluations[17] publication. The tax measures presented in that publication are the responsibility of the Minister of Finance.

Section IV: Organizational Contact Information

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Canada
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Appendix: Definitions

Appropriation: Any authority of Parliament to pay money out of the Consolidated Revenue Fund.

budgetary expenditures: Operating and capital expenditures; transfer payments to other levels of government, organizations or individuals; and payments to Crown corporations.

Departmental Performance Report: Reports on an appropriated organization's actual accomplishments against the plans, priorities and expected results set out in the corresponding Reports on Plans and Priorities. These reports are tabled in Parliament in the fall.

full-time equivalent: A measure of the extent to which an employee represents a full person-year charge against a departmental budget. Full-time equivalents are calculated as a ratio of assigned hours of work to scheduled hours of work. Scheduled hours of work are set out in collective agreements.

Government of Canada outcomes: A set of 16 high-level objectives defined for the government as a whole, grouped in four spending areas: economic affairs, social affairs, international affairs and government affairs.

Management, Resources and Results Structure: A comprehensive framework that consists of an organization's inventory of programs, resources, results, performance indicators and governance information. Programs and results are depicted in their hierarchical relationship to each other and to the Strategic Outcome(s) to which they contribute. The Management, Resources and Results Structure is developed from the Program Alignment Architecture.

non-budgetary expenditures: Net outlays and receipts related to loans, investments and advances, which change the composition of the financial assets of the Government of Canada.

performance: What an organization did with its resources to achieve its results, how well those results compare to what the organization intended to achieve, and how well lessons learned have been identified.

performance indicator: A qualitative or quantitative means of measuring an output or outcome, with the intention of gauging the performance of an organization, program, policy or initiative respecting expected results.

performance reporting: The process of communicating evidence-based performance information. Performance reporting supports decision making, accountability and transparency.

planned spending: For Reports on Plans and Priorities (RPPs) and Departmental Performance Reports (DPRs), planned spending refers to those amounts that receive Treasury Board approval by February 1. Therefore, planned spending may include amounts incremental to planned expenditures presented in the Main Estimates.

A department is expected to be aware of the authorities that it has sought and received. The determination of planned spending is a departmental responsibility, and departments must be able to defend the expenditure and accrual numbers presented in their RPPs and DPRs.

plans: The articulation of strategic choices, which provides information on how an organization intends to achieve its priorities and associated results. Generally a plan will explain the logic behind the strategies chosen and tend to focus on actions that lead up to the expected result.

priorities: Plans or projects that an organization has chosen to focus and report on during the planning period. Priorities represent the things that are most important or what must be done first to support the achievement of the desired Strategic Outcome(s).

program: A group of related resource inputs and activities that are managed to meet specific needs and to achieve intended results and that are treated as a budgetary unit.

Program Alignment Architecture: A structured inventory of an organization's programs depicting the hierarchical relationship between programs and the Strategic Outcome(s) to which they contribute.

Report on Plans and Priorities: Provides information on the plans and expected performance of appropriated organizations over a three-year period. These reports are tabled in Parliament each spring.

results: An external consequence attributed, in part, to an organization, policy, program or initiative. Results are not within the control of a single organization, policy, program or initiative; instead they are within the area of the organization's influence.

statutory expenditures: Expenditures that Parliament has approved through legislation other than appropriation acts. The legislation sets out the purpose of the expenditures and the terms and conditions under which they may be made.

Strategic Outcome: A long-term and enduring benefit to Canadians that is linked to the organization's mandate, vision and core functions.

sunset program: A time-limited program that does not have an ongoing funding and policy authority. When the program is set to expire, a decision must be made whether to continue the program. In the case of a renewal, the decision specifies the scope, funding level and duration.

target: A measurable performance or success level that an organization, program or initiative plans to achieve within a specified time period. Targets can be either quantitative or qualitative.

voted expenditures: Expenditures that Parliament approves annually through an Appropriation Act. The Vote wording becomes the governing conditions under which these expenditures may be made.

whole-of-government framework: Maps the financial contributions of federal organizations receiving appropriations by aligning their Programs to a set of 16 government-wide, high-level outcome areas, grouped under four spending areas.

Endnotes

1 **Minister of Health mandate letter**, http://pm.gc.ca/eng/minister-health-mandate-letter

2 ***Canadian Institutes of Health Research Act***, http://laws-lois.justice.gc.ca/eng/acts/C-18.1/FullText.html

3 **Canadian Institutes of Health Research**, http://www.cihr-irsc.gc.ca/e/193.html

4 **13 "virtual" institutes**, http://www.cihr-irsc.gc.ca/e/9466.html

5 **Natural Sciences and Engineering Research Council**, http://www.nserc-crsng.gc.ca/

6 **Social Sciences and Humanities Research Council**, http://www.sshrc-crsh.gc.ca/home-accueil-eng.aspx

7 **Governing Council**, http://www.cihr-irsc.gc.ca/e/38103.html

8 **Science Council**, http://www.cihr-irsc.gc.ca/e/33807.html

9 **Executive Management Committee**, http://www.cihr-irsc.gc.ca/e/25920.html

10 **Prime Minister of Canada's website**, http://pm.gc.ca/eng/ministerial-mandate-letters

11 **Whole-of-government framework**, http://www.tbs-sct.gc.ca/ems-sgd/wgf-ipp-eng.asp

12 **2016–17 Main Estimates**, http://www.tbs-sct.gc.ca/hgw-cgf/finances/pgs-pdg/gepme-pdgbpd/index-eng.asp

13 **Networks of Centres of Excellence**, http://www.nce-rce.gc.ca/index_eng.asp

14 **College and Community Innovation Program**, http://www.nserc-crsng.gc.ca/Professors-Professeurs/RPP-PP/Info-Info_eng.asp

15 **Canadian Institutes of Health Research**, http://www.cihr-irsc.gc.ca/e/22978.html#a3

16 **Canadian Institutes of Health Research**, http://www.cihr-irsc.gc.ca/e/22978.html#a3

17 **Tax Expenditures and Evaluations publication**, http://www.fin.gc.ca/purl/taxexp-eng.asp